

Application of Doctor Number
10/787183

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

RATE (\$)	FEE (\$)
X	
X	
TOTAL	

TOTAL

RATE (3)	FEE (1)
X	
X	
TOTAL	

TOTAL

APPLICATION AS AMENDED - PART II

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

SMALL ENTITY	
RATE (%)	ADDITIONAL FEE (%)
x25	
x100	
TOTAL ADD'L FEE	

**TOTAL
ADD'L FE**

	RATE (\$)	ADDITIONAL FEE (\$)
OR	x 50	100
OR	x 200	
OR		
OR	TOTAL	100
OR	ADDITIONAL FEE	

ADD'L FEE

AMENDMENT B

RATE (\$)	ADDITIONAL FEE (\$)
X	00
X	00
TOTAL ADDL FEE	

TOTAL
ADD'L FEE

	RATE (%)	ADDITIONAL FEE (%)
OR	X	
OR	X	
OR		
OR		
	TOTAL	ADDF. FEE

TOTAL
ADDL FEE

• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
• If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".
• If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".
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* If the entry in column 1 is less than 1, enter "1".
 * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
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